

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-022579
STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 317 Primary Registration District No. 590 Registrar's No. 1655

FILED JUN 11 1963

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rock Hill Clayton		c. CITY OR TOWN Rock Hill	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Louis County Hospital		d. STREET ADDRESS 504 Crestvale Dr.	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Sally Middle A. Last Gochenour		4. DATE OF DEATH Month May Day 21 Year 1963	
5. SEX F.	6. COLOR OR RACE W.	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 8/27/10
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Secretary		10b. KIND OF BUSINESS OR INDUSTRY Military Trans.	11. BIRTHPLACE (City and state or country) Ozark, Ark.
13a. FATHER'S NAME Will Johnston		13b. MOTHER'S MAIDEN NAME Adelaide Manfield	14. NAME OF HUSBAND OR WIFE J. A. Gochenour
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of) no		16. SOCIAL SECURITY NO. 532	
17. INFORMANT J. A. Gochenour		Address 504 Crestvale Dr.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Gunshot wound of left chest			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Self inflicted gunshot wound of chest	
20c. TIME OF INJURY Hour 8:00 AM <input checked="" type="checkbox"/> PM <input type="checkbox"/> subject found	Month, Day, Year 5/21/63		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Bedroom of home	20f. CITY, TOWN, OR LOCATION Rock Hill	COUNTY St. Louis STATE Missouri
21. I attended the deceased from _____, to _____ and last saw her/him alive on _____. Death occurred at 9:25 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Raymond H. [Signature]</i> (Degree or title) Coroner		22b. ADDRESS Clayton, Missouri	22c. DATE SIGNED 5/27/63
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 5/24/63	23c. NAME OF CEMETERY OR CREMATORY Ozark, Ark.	23d. LOCATION (City, town, or county) (State) Ozark, Ark.
24. FUNERAL DIRECTOR Parker-Aldrich, Webster Groves, Mo.		25. DATE RECD. BY LOCAL REG. 5-23-63	26. REGISTRAR'S SIGNATURE <i>John B. Murphy</i>

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed _____

Leslie Helch

Licensed Embalmer No. _____

4395

P. O. Address _____

Helster Grove Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.